

Lincoln Police Department  
James Peschong, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492

MAYOR CHRIS BEUTLER

lincoln.ne.gov



October 17, 2012

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Cask, 728 'Q' Street requesting a class C liquor license.

Kevin Blazek, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as he is a currently approved liquor license holder.

The required training has been completed.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

  
JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



**PREMISE INFORMATION**

Trade Name (doing business as) Cask

Street Address #1 728 Q Street, Suite B

Street Address #2 \_\_\_\_\_

City Lincoln

County Lancaster

Zip Code 68508

Premise Telephone number No phone yet

Is this location inside the city/village corporate limits:



YES



NO

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Mailing address (where you want to receive mail from the Commission)

Name Michael C Schafer

NEBRASKA LIQUOR  
CONTROL COMMISSION

Street Address #1 7911 South 78 Street

Street Address #2 \_\_\_\_\_

City Lincoln

State Nebraska

Zip Code 68516

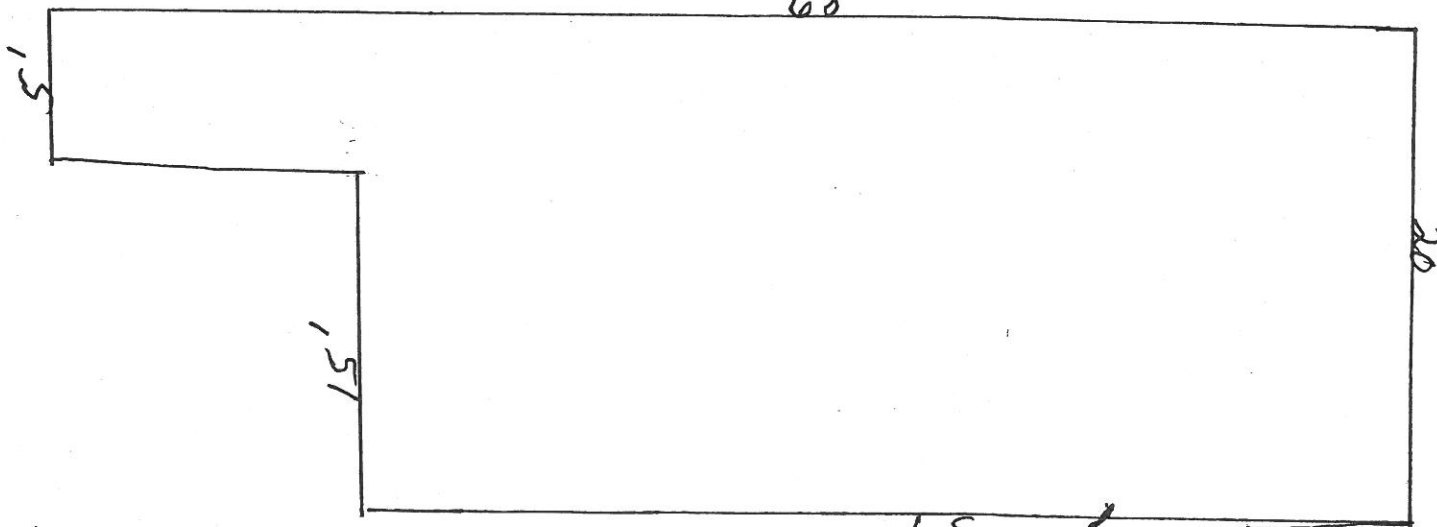
**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED  
READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Length \_\_\_\_\_ feet  
Width \_\_\_\_\_ feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET



irr-shaped  
One story bldg. approx 68' x 20', basement  
not included

## APPLICANT INFORMATION

### 1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
See Attachment 2				

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### 2. Are you buying the business of a current retail liquor license?

☐ YES ☒ NO

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CONTROL COMMISSION

If yes, give name of business and liquor license number \_\_\_\_\_

- a) Submit a copy of the sales agreement
- b) Include a list of alcohol being purchased, list the name brand, container size and how many
- c) Submit a list of the furniture, fixtures and equipment

### 3. Was this premise licensed as liquor licensed business within the last two (2) years?

☐ YES ☒ NO

If yes, give name and license number \_\_\_\_\_

### 4. Are you filing a temporary operating permit to operate during the application process?

☐ YES ☒ NO

If yes:

- a) Attach temporary operating permit (T.O.P.) (form 125)
- b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

### 5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender(s) \_\_\_\_\_

Attachment 2

Ironhorse LLC  
Applicant's Convictions

Michael C. Schafer	05/1966	Hebron, Nebraska	Minor in Possession	Guilty
Michael C. Schafer	10/1985	Lincoln, Nebraska	Disturbing the peace	Guilty
Jeremy M. Schafer	11/1991	Lincoln, Nebraska	Minor in Possession	Guilty
Jeremy M. Schafer	12/1992	Lincoln, Nebraska	DUI-1st Offense	Guilty
Jeremy M. Schafer	12/1992	Lincoln, Nebraska	Trespass	Guilty
Jeremy M. Schafer	01/2007	Lincoln, Nebraska	DUI-1st Offense	Guilty
Jeremy M. Schafer	04/2008	Lincoln, Nebraska	DUI-2nd Offense	Guilty
Jeremy M. Schafer	03/2010	Lincoln, Nebraska	DUI-3rd Offense	Guilty
Michael Figueroa	05/2009	Lincoln, Nebraska	Speeding	Guilty
Kevin Blazek	02/ 2007	Lincoln, Nebraska	Jaywalking	Guilty
Kari Blazek	07/2009	Hampton, Iowa	Open container	Guilty
Andrew Ross	06/2006	Lincoln, Nebraska	Failure to comply	Guilty

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NEBRASKA LIQUOR  
CONTROL COMMISSION

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE

☐ FEMALE

Last Name: Blazek First Name: Kevin MI: J

Home Address (include PO Box if applicable): 10012 South 202nd Street

City: Gretna County: Sarpy Zip Code: 68028

Home Phone Number: 402-440-1368 Business Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_ NE

Date Of Birth: \_\_\_\_\_ Place Of Birth: Minnesota

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES

☐ NO

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CONTROL COMMISSION

Spouse's information

Spouses Last Name: Blazek First Name: Kari MI: M

Social Security Number: --- Drivers License Number & State: \_\_\_\_\_ NE

Date Of Birth: \_\_\_\_\_ Place Of Birth: Omaha, NE

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

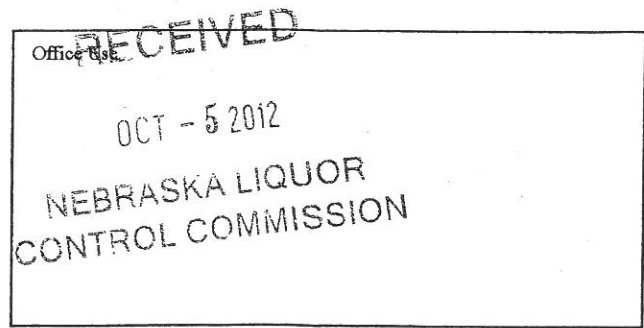
APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Omaha Nebraska	2011	2011	Gretna, NE	2011	2012
Gretna, Nebraska	2011	2012	Lincoln, NE	2009	2011
Lincoln, Nebraska	2006	2011	Omaha, NE	2004	2009

**MANAGER APPLICATION  
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)



**Corporate manager, including their spouse, are required to adhere to the following requirements**

- 1) **Must be a citizen of the United States**
- 2) **Must be a Nebraska resident (Chapter 2 – 006) and must provide proof of voter registration in the State of Nebraska**
- 3) **Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport**
- 4) **Must submit fingerprints (unless a non-participating spouse) (2 cards per person) and fees of \$38 per person, made payable to Nebraska State Patrol**
- 5) **Must be 21 years of age or older**
- 6) **May be required to take a training course**

**Corporation/LLC information**

Name of Corporation/LLC: Ironhorse LLC

**Premise information**

Premise License Number: \_\_\_\_\_

(if new application leave blank)

Premise Trade Name/DBA: Cask

Premise Street Address: 728 Q Street, Suite B

City: Lincoln State: Nebraska Zip Code: 68508

Premise Phone Number: No premise phone yet

**The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals.**

**[http://www.lcc.ne.gov/license\\_search/licsearch.cgi](http://www.lcc.ne.gov/license_search/licsearch.cgi)**

A handwritten signature in black ink, appearing to read "Michael Charles Liles".

**CORPORATE OFFICER/MANAGING MEMBER SIGNATURE**

**(Faxed signatures are acceptable)**



## CERTIFIED COPY OF BIRTH RECORD

Birth No.	Name of Child		Date of Birth	
	Kevin James Blazek			
Place of Birth	Owatonna, Minnesota		Sex	
			Male	
Name of Father	Age of Father	Color or Race of Father	Birthplace of Father	
James William Blazek	24	White	Minnesota	
Maiden Name of Mother	Age of Mother	Color or Race of Mother	Birthplace of Mother	
Kirsten Marie Neseth	24	White	Iowa	
Usual Residence of Mother	Date of Filing			
564 Academy, Owatonna, Minnesota	January 18, 1978			

STATE OF MINNESOTA, ss. DISTRICT COURT, I. GAIL R. LIPELT  
 County of Steele Third Judicial District Clerk of the District Court in and for the County and State

aforesaid, do hereby certify that the above is a complete and correct copy of the birth record as appears in Birth Record J  
 page 348, section 4, of the records of this office.

IN TESTIMONY WHEREOF, I have hereunto set my hand

and affixed the seal of said court at Owatonna,

Minnesota, this 14th day of June, 1978

GAIL R. LIPELT

Clerk of the District Court

By

*Carmela Mosher*

Deputy

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NEBRASKA LIQUOR  
CONTROL COMMISSION

**APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT - FORM 3b**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

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CONTROL COMMISSION

All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Michael C Schafer

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

Ironhorse LLC #10163806

LLC Address: 7911 South 78 Street

City: Lincoln State: NE Zip Code: 68516

LLC Phone Number: 402-420-1711 LLC Fax Number: None

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Schafer First Name: Michael MI: C

Home Address: 7911 South 78 Street City: Lincoln

State: NE Zip Code: 68516 Home Phone Number: 402-420-1711



Signature of Managing/Contact Member

**ACKNOWLEDGEMENT**

State of Nebraska

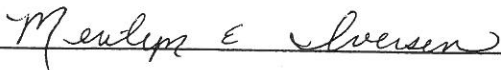
County of Lancaster

The foregoing instrument was acknowledged before me this

October 1, 2012

by Michael C. Schafer  
name of person acknowledged

Date



Affix Seal





List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Schafer First Name: Michael MI: C *Prints*

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 40.00%

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: 01 - 5 2012

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

NEBRASKA LIQUOR  
CONTROL COMMISSION

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: *See*

Percentage of member ownership \_\_\_\_\_ *Att.*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Blazek First Name: Kevin MI: J

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Kari Marie Blazek *affidant*

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 16.666667% *17*

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Last Name: Figueroa First Name: Michael MI: K

Social Security Number: \_\_\_\_\_ Date of Birth: 1

Spouse Full Name (indicate N/A if single): Paula Patricia Figueroa *affidant*

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 16.666667% *17*

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Last Name: Ross First Name: Andrew MI: J

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Kelly Marie Ross *affidant*

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 16.666667% *16*

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Last Name: Schafer First Name: Jeremy MI: M

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 10.00%

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NEBRASKA LIQUOR  
CONTROL COMMISSION

DUPLICATE to be given  
to this child's parent.

PHS-796(VS)  
REV. 4-48  
FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE

STATE OF NEBRASKA  
DEPARTMENT OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF LIVE BIRTH

BIRTH NO. 126.....

1. PLACE OF BIRTH a. COUNTY <u>Scotts Bluff</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Nebraska</u> b. COUNTY <u>Scotts Bluff</u>	
b. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Scottsbluff</u>		c. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Scottsbluff</u>	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Mary Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2121 Avenue A</u>	
3. CHILD'S NAME (Type or print) a. (First) <u>Michael</u> b. (Middle) <u>Charles</u> c. (Last) <u>Schafer</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. If TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF BIRTH (Month) (Day) (Year) <u>Schafer</u>
FATHER OF CHILD			
7. FULL NAME a. (First) <u>Howard</u> b. (Middle) <u>R.</u> c. (Last) <u>Schafer</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>30</u> Yrs.	10. BIRTHPLACE (City, town, or county) (State or foreign country) <u>Scottsbluff, Nebr.</u>	11a. USUAL OCCUPATION <u>Grain Dealer</u>	11b. KIND OF BUSINESS OR INDUSTRY
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) <u>Patricia</u> b. (Middle) <u>Ann</u> c. (Last) <u>Gross</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>29</u> Yrs.	15. BIRTHPLACE (City, town or county) (State or foreign country) <u>York, Nebraska</u>	16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? <u>3</u> b. How many OTHER children were born alive but are now dead? <u>0</u> c. How many children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT'S SIGNATURE OR NAME—Relationship <u>Mrs. Howard R. Schafer</u>		18. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
I hereby certify that this child was born alive on the date stated above at <u>10:05 a.m.</u>		19. MOTHER'S MAILING ADDRESS <u>Mrs. Howard R. Schafer</u> <u>2121 Avenue A</u> <u>Scottsbluff, Nebraska</u>	
20. DATE REC'D BY LOCAL REG.	21. REGISTRAR'S SIGNATURE <u>L. E. Hurdge</u>		

A certified copy of the original Birth Certificate may be obtained by you upon application accompanied by the statutory fee of 50c in cash or money order, if you supply the following information: CHILD'S NAME; PLACE OF BIRTH; YEAR, MONTH, DAY OF BIRTH; FATHER'S NAME; MOTHER'S MAIDEN NAME; MOTHER'S PHYSICIAN'S NAME.

The original of the above certificate is required to be filed with the State Department of Health, Lincoln, Nebraska, as permanent depository.

Certified copies, to serve all purposes, must bear the Seal of State of Nebraska, Department of Health.

In case corrections in spelling become necessary or additions made, the facts should be furnished the State Department of Health in requesting the change.